TUBERCULIN SKIN TESTING RECOMMENDATIONS FOR SCHOOLS AND CHILD CARE CENTERS IN NEW HAMPSHIRE

Revised: 2001

The New Hampshire Tuberculosis (TB) Program does not recommend **routine** tuberculosis skin testing for children, school employees or child care employees in New Hampshire. This decision is based upon recommendations from the Centers for Disease Control and the American Thoracic Society, calling for targeted testing of high-risk groups. Skin testing should be done based on individual risk factors. Tuberculin skin testing should be done in groups for which rates of TB are substantially higher than for the general population. TB risk, based on individual risk factors (i.e.: HIV infection, recent arrival to U.S. from an endemic country, history of exposure) should be assessed by personal health-care providers to determine the need for a skin test. The Mantoux (not Tine) test should be used, as it is the most accurate test available. If a person has no risk factors, a skin test should not be done.

A history of BCG vaccination should not influence the need for a tuberculin skin test, the interpretation of the reaction or clinical decisions regarding the management of infected children except in cases where BCG was given within the previous 12 months in which case, testing would not be recommended.

All positive tuberculin skin tests should be reported to the New Hampshire Office of Community and Public Health, Tuberculosis Program.

New Hampshire School and Child Care Employees

New Hampshire is considered a low incidence state for TB. New Hampshire school and child care employees are not at higher risk for TB based on their occupation, but may have individual risk factors.

Employees with risk factors who are tested and have newly positive skin tests should not be allowed to work until a chest x-ray is performed and their health-care provider indicates they do not have active contagious pulmonary TB.

TB Testing of Children

Tuberculosis skin testing is not **routinely** recommended for children in New Hampshire schools and child care centers. Only children in high-risk groups should be tested per the following:

Children for whom immediate skin testing is indicated:

- Children exposed to persons with confirmed or suspected infectious tuberculosis
- Children with radiographic or clinical findings suggesting tuberculosis
- Children emigrating from endemic countries (e.g., Asia, Middle East, Eastern Europe, Africa, Latin America)
- Children with extensive travel histories to endemic countries and/or significant contact with indigenous persons from such countries
- Children for whom immunosuppressive therapy is planned

Children who should be tested annually for tuberculosis:

- Children infected with HIV

Children who should be considered for tuberculin skin testing at ages 4-6 and 11-16 years:

- Children whose parents emigrated (with unknown tuberculin skin test status) from regions of the world with high prevalence of tuberculosis; continued potential exposure by travel to the endemic areas and/or household contact with persons from the endemic areas (with unknown tuberculin skin test status) should be an indication for repeat tuberculin skin testing.

Children at increased risk for progression to disease:

- Children with other medical risk factors, including diabetes mellitus, chronic renal failure, malnutrition, and congenital or acquired immunodeficiencies deserve special consideration. Without recent exposure, these persons are not at increased risk of acquiring TB infection. Underlying immune deficiencies associated with these conditions theoretically would enhance the possibility for progression to severe disease. Initial histories of potential exposure to tuberculosis should be included in all of these patients. If these histories or local epidemiological factors suggest a possibility of exposure, immediate and periodic tuberculin skin testing should be considered in these patients.

References:

1. Report of the Committee on Infectious Diseases, 22nd Edition, 1994, American Academy of Pediatrics, Illinois, pages 480-486.
2. Core Curriculum on Tuberculosis, Fourth Edition, 2000, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.
3. Update on TB Skin Testing of Children, Vol. 97, No. 2, February 1996, American Academy of Pediatrics, Illinois, pages 282-284.
4. Starke, JR, Universal Screening for Tuberculosis Infection: School's Out!, JAMA, 1995, 274: 652-653, Editorial.
5. American Journal of Respiratory and Critical Care Medicine, 2000; 161: 1376-1395.
6. Clinical Policies and Protocols, New York City DOH, 1999

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